| DEPARTMENT OF HEALTH AND HUMAN SERVICES | | FORM APPROVED OMB NO. 0938-0193 |
|--|--|---|
| SENTEDO EOD MEDICARE & MEDICAID SERVICES | 1. TRANSMITTAL NUMBER: | 2. STATE |
| TRANSMITTAL AND NOTICE OF APPROVAL OF | 1. TRANSMITTAL NOMBER. | |
| STATE PLAN MATERIAL | 12-16 | Minnesota |
| FOR: CENTER FOR MEDICARE & MEDICAID SERVICES | 3. PROGRAM IDENTIFICATION: | TITLE XIX OF THE |
| | SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR | 4. PROPOSED EFFECTIVE DATE | |
| CENTER FOR MEDICARE & MEDICAID SERVICES | | |
| DEPARTMENT OF HEALTH AND HUMAN SERVICES | July 1, 2012 | |
| 5. TYPE OF PLAN MATERIAL (Check One): | | |
| AMENDMENT TO BE | CONSIDERED AS NEW PLAN | X AMENDMENT |
| OMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMI | ENDMENT (Separate Transmittal for | each amendment) |
| COMPLETE BLOCKS 6 THRO TO IT THIS IS ALVARA | 7. FEDERAL BUDGET IMPACT: | |
| 6. FEDERAL STATUTE/REGULATION CITATION: | a. FFY '13 (\$ 3,000) | |
| 42 CFR §§440.50 and 440.60 | h FFV '14 (\$ 7,000) | |
| AN SECTION OF ATTACHMENT | 9. PAGE NUMBER OF THE SUPI | ERSEDED PLAN SECTION |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: | OR ATTACHMENT (If Applica | ble): |
| Attachment 3.1-A, page 19e | Attachment 3.1-A, page 19e | |
| Attachment 3.1-B, page 18e | Attachment 3.1-B, page 18e | |
| Attachment 4.19-B, page 10i | Attachment 4.19-B, page 10i | |
| | Attachment 4.19-B, page 101 | |
| 10. SUBJECT OF AMENDMENT: Community Paramedic Services | | |
| x GOVERNOR'S OFFICE REPORTED NO COMMENT □ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED □ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: | 16. RETURN TO: Sean Barrett | |
| | Minnesota Department of Human Se Federal Relations Unit | ervices |
| () Res | Federal Relations Unit PO Box 64983 | |
| Cycle 1250 | | |
| | St. Paul, MN 55164-0983 | |
| 13. TYPED NAME: | | |
| Ann Berg | | |
| 14. TITLE: | | |
| Deputy Medicaid Director | | |
| 15. DATE SUBMITTED: | | |
| August 13, 2012 | A CONTRACTOR OF THE CONTRACTOR | |
| | 18. DATE APPROVED: | Carrie and the state of the second to the state of the second |
| 17. DATE RECEIVED: August 13, 2012 | February 25, 2013 | |
| PLAN APPROVED - ON | | · |
| | 20. SIGNATURE OF REGIONAL OF | FICIAL |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2012 | Clarker | rioial. |
| 21. TYPED NAME: | 22, TITLE: | |
| Verlon Johnson | Associate Regional Adminis | trator |
| 23. REMARKS: | | |
| Mint of A Second Address of the Second of th | 1 | |
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